

Fill in this information to identify your case and this filing:

Debtor 1	<u>Johnny</u>	<u>D</u>	<u>Franklin</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Laketra</u>	<u>M</u>	<u>Franklin</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Southern</u> District of <u>Mississippi</u>			
Case number	<u></u>		

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1 Homestead

Street address, if available, or other description

935 Jefferson St SMonticello, MS 39654-9401

City State ZIP Code

Lawrence

County

What is the property? Check all that apply.

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$190,000.00

Current value of the portion you own?

\$190,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Homestead

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here

\$190,000.00**Part 2:** Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
- ☒ Yes

Debtor **Franklin, Johnny D; Franklin, Laketra M**

Case number (if known) _____

- 3.1 Make: **Chevrolet** Who has an interest in the property? Check one.
- Model: **Malibu** ☐ Debtor 1 only
- Year: **2014** ☐ Debtor 2 only
- Approximate mileage: **290001** ☒ Debtor 1 and Debtor 2 only
- Other information: ☐ At least one of the debtors and another
- ☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **\$2,000.00** Current value of the portion you own? **\$2,000.00**

Other information:

Source of Value: NADA

If you own or have more than one, describe here:

- 3.2 Make: **Chevrolet** Who has an interest in the property? Check one.
- Model: **Suburban** ☐ Debtor 1 only
- Year: **2021** ☐ Debtor 2 only
- Approximate mileage: **81000** ☒ Debtor 1 and Debtor 2 only
- Other information: ☐ At least one of the debtors and another
- ☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **\$46,925.00** Current value of the portion you own? **\$46,925.00**

Other information:

Source of Value: NADA

- 3.3 Make: **Chevrolet** Who has an interest in the property? Check one.
- Model: **Cruze** ☐ Debtor 1 only
- Year: **2015** ☐ Debtor 2 only
- Approximate mileage: **96000** ☒ Debtor 1 and Debtor 2 only
- Other information: ☐ At least one of the debtors and another
- ☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **\$2,500.00** Current value of the portion you own? **\$2,500.00**

Other information:

Source of Value: NADA

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
- ☐ Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

**\$51,425.00****Part 3:** Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Debtor **Franklin, Johnny D; Franklin, Laketra M**

Case number (if known) _____

6. Household goods and furnishings*Examples:* Major appliances, furniture, linens, china, kitchenware☐ No☒ Yes. Describe.**\$2,300.00****7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe.**\$600.00****8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☒ No☐ Yes. Describe.**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☐ No☒ Yes. Describe.**Treadmill/work out equip****\$130.00****10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes. Describe.**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe.**\$500.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe.**\$600.00****13. Non-farm animals***Examples:* Dogs, cats, birds, horses☒ No☐ Yes. Describe.

Debtor **Franklin, Johnny D; Franklin, Laketra M**

Case number (if known) _____

14. Any other personal and household items you did not already list, including any health aids you did not list

- ☐ No
- ☒ Yes. Give specific information.

HHGS -collateral**HHGS -collateral****\$700.00****15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here** →**\$4,830.00****Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?**

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- ☐ No
- ☒ Yes Cash: **\$4,000.00**

17. Deposits of money*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- ☐ No
- ☒ Yes

Institution name:

17.1. Checking account:

Regions & Cash App**\$300.00**

17.2. Savings account:

Ferguson FCU**\$50.00****18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

- ☒ No
- ☐ Yes

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

- ☒ No
- ☐ Yes. Give specific information about them.....

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

- ☒ No
- ☐ Yes. Give specific information about them.....

Debtor **Franklin, Johnny D; Franklin, Laketra M**

Case number (if known) _____

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☐ No☒ Yes. List each account separately. Type of account: Institution name:Retirement account: **401k & Pension - Debtors claim FMV****\$55,220.00****22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No☐ Yes**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes. Give specific information about them. ...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them. ...**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them. ...**Money or property owed to you?****Current value of the portion you own?**
Do not deduct secured claims or exemptions.**28. Tax refunds owed to you**

Debtor **Franklin, Johnny D; Franklin, Laketra M**

Case number (if known) _____

☐ No☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.**Federal: \$5,000 per individual
Earned Income: \$5,000 per individual**

Federal:

\$20,000.00

State:

\$10,000.00

Local:

State: \$5,000 per type / per individual**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information.**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information.**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☒ No☐ Yes. Name the insurance company of each policy and list its value. ...**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information.**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue☐ No☒ Yes. Describe each claim.**Pending case against Allstate Insurance / roof coverage -Stubbs
Law Firm 601-401-4424****unknown****34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☐ No☒ Yes. Describe each claim.**Potential Pre-Petition and Post Petition Claims
Debtor retains and reserves for the debtor and Ch13 Trustee all pre-petition and post-petition claims that could be asserted against any party or entity arising or related to any state or federal statute or common law. Any funds received from such claims shall be used in part to fund the plan as confirmed.****\$0.00****35. Any financial assets you did not already list**☒ No☐ Yes. Give specific information.

Debtor **Franklin, Johnny D; Franklin, Laketra M**

Case number (if known) _____

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here →

\$89,570.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- ☒ No. Go to Part 6.
☐ Yes. Go to line 38.

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here →

\$0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here →

\$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☐ No
☒ Yes. Give specific information.

Wells Fargo garnishment

\$2,600.00

54. Add the dollar value of all of your entries from Part 7. Write that number here →

\$2,600.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 →

\$190,000.00

56. Part 2: Total vehicles, line 5 **\$51,425.00**

57. Part 3: Total personal and household items, line 15 **\$4,830.00**

58. Part 4: Total financial assets, line 36 **\$89,570.00**

59. Part 5: Total business-related property, line 45 **\$0.00**

60. Part 6: Total farm- and fishing-related property, line 52 **\$0.00**

61. Part 7: Total other property not listed, line 54 **+ \$2,600.00**

Debtor **Franklin, Johnny D; Franklin, Laketra M**

Case number (if known) _____

62. **Total personal property.** Add lines 56 through 61.**\$148,425.00**

Copy personal property total →

+ \$148,425.0063. **Total of all property on Schedule A/B.** Add line 55 + line 62.**\$338,425.00**

Fill in this information to identify your case:

Debtor 1	Johnny	D	Franklin
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Laketra	M	Franklin
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Mississippi			
Case number _____ (if known)			

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: Homestead 935 Jefferson St S Monticello, MS 39654-9401	\$190,000.00	<input checked="" type="checkbox"/> \$15,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Miss. Code Ann. § 85-3-21
Line from <i>Schedule A/B</i> : 1.1			

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☐ No
☐ Yes

Debtor 1 Johnny D Franklin Case number (if known) _____
 Debtor 2 Laketra M Franklin
 First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: <u>2014 Chevrolet Malibu</u> Line from <i>Schedule A/B</i> : <u>3.1</u>	<u>\$2,000.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Miss. Code Ann. § 85-3-1(a)</u>
Brief description: <u>2021 Chevrolet Suburban</u> Line from <i>Schedule A/B</i> : <u>3.2</u>	<u>\$46,925.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Miss. Code Ann. § 85-3-1(a)</u>
Brief description: <u>2015 Chevrolet Cruze</u> Line from <i>Schedule A/B</i> : <u>3.3</u>	<u>\$2,500.00</u>	<input checked="" type="checkbox"/> <u>\$2,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Miss. Code Ann. § 85-3-1(a)</u>
Brief description: <u>Household goods</u> Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$2,300.00</u>	<input checked="" type="checkbox"/> <u>\$2,300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Miss. Code Ann. § 85-3-1(a)</u>
Brief description: <u>Electronics</u> Line from <i>Schedule A/B</i> : <u>7</u>	<u>\$600.00</u>	<input checked="" type="checkbox"/> <u>\$600.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Miss. Code Ann. § 85-3-1(a)</u>
Brief description: <u>Treadmill/work out equip</u> Line from <i>Schedule A/B</i> : <u>9</u>	<u>\$130.00</u>	<input checked="" type="checkbox"/> <u>\$130.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Miss. Code Ann. § 85-3-1(a)</u>
Brief description: <u>Clothes</u> Line from <i>Schedule A/B</i> : <u>11</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Miss. Code Ann. § 85-3-1(a)</u>

Debtor 1 Johnny D Franklin Case number (if known) _____
 Debtor 2 Laketra M Franklin
 First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>Jewelry</u> Line from Schedule A/B: <u>12</u>	<u>\$600.00</u>	<input checked="" type="checkbox"/> <u>\$600.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Miss. Code Ann. § 85-3-1(a)</u>
Brief description: <u>HHGS -collateral</u> Line from Schedule A/B: <u>14</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Miss. Code Ann. § 85-3-1(a)</u>
Brief description: <u>Cash</u> Line from Schedule A/B: <u>16</u>	<u>\$4,000.00</u>	<input checked="" type="checkbox"/> <u>\$4,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Miss. Code Ann. § 85-3-1(a)</u>
Brief description: <u>401k & Pension - Debtors claim FMV</u> Line from Schedule A/B: <u>21</u>	<u>\$55,220.00</u>	<input checked="" type="checkbox"/> <u>\$55,220.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Miss. Code Ann. § 85-3-1(e)</u>
Brief description: <u>Federal: \$5,000 per individual Earned Income: \$5,000 per individual Federal tax</u> Line from Schedule A/B: <u>28</u>	<u>\$20,000.00</u>	<input checked="" type="checkbox"/> <u>\$10,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit <input checked="" type="checkbox"/> <u>\$10,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Miss. Code Ann. § 85-3-1(j)</u> <u>Miss. Code Ann. § 85-3-1(i)</u>
Brief description: <u>State: \$5,000 per type / per individual State tax</u> Line from Schedule A/B: <u>28</u>	<u>\$10,000.00</u>	<input checked="" type="checkbox"/> <u>\$10,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Miss. Code Ann. § 85-3-1(k)</u>

Fill in this information to identify your case:

Debtor 1	Johnny	D	Franklin
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Laketra	M	Franklin
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Mississippi			
Case number (if known) _____			

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim	Value of collateral that supports this claim	Unsecured portion
Do not deduct the value of collateral.		If any

2.1	AMERISAVE MTG CORP/DOV Creditor's Name 1 CORPORATE DR STE 360 Number Street LAKE ZURICH, IL 60047 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred 11/10/2021 Last 4 digits of account number 2 9 9 6	Describe the property that secures the claim: Homestead 935 Jefferson St S Monticello, MS 39654-9401 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) First Mortgage on home or property	\$175,000.00	\$190,000.00	\$0.00
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Add the dollar value of your entries in Column A on this page. Write that number here:

\$175,000.00

Debtor 1 Johnny D Franklin Case number (if known) _____

Debtor 2 Laketra M Franklin

First Name Middle Name Last Name

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.2	ONEMAIN Creditor's Name <u>PO BOX 1010</u> Number Street <u>EVANSVILLE, IN 47706</u> City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>4/19/2024</u> Last 4 digits of account number <u>2 1 0 5</u>	Describe the property that secures the claim: <u>\$8,857.00</u> <u>2014 Chevrolet Malibu HHGS -collateral</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Non-purchase Money Security Interest</u>	<u>\$2,200.00</u>	<u>\$6,657.00</u>
2.3	PNC BANK Creditor's Name <u>2730 LIBERTY AVE</u> Number Street <u>PITTSBURGH, PA 15222</u> City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>3/27/2021</u> Last 4 digits of account number <u>1 9 0 6</u>	Describe the property that secures the claim: <u>\$53,082.00</u> <u>2021 Chevrolet Suburban</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Automobile Title secures this debt</u>	<u>\$46,925.00</u>	<u>\$6,157.00</u>
Add the dollar value of your entries in Column A on this page. Write that number here:		<u>\$61,939.00</u>		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:				

Debtor 1 Johnny D Franklin Case number (if known) _____

Debtor 2 Laketra M Franklin

First Name Middle Name Last Name

Part 1:		Column A	Column B	Column C	
Additional Page		Amount of claim	Value of collateral	Unsecured	
After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.		Do not deduct the value of collateral.	that supports this claim	portion If any	
2.4	REGIONAL FINANCE Creditor's Name <u>979 BATESVILLE RD STE B</u> Number Street <u>GREER, SC 29651</u> City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>1/17/2024</u> Last 4 digits of account number <u>8</u> <u>7</u> <u>9</u> <u>0</u>	Describe the property that secures the claim: <u>HHGS -collateral</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	\$8,325.00	\$500.00	\$7,825.00
Add the dollar value of your entries in Column A on this page. Write that number here:		\$8,325.00			
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		\$245,264.00			

Debtor 1	Johnny	D	Franklin	Case number (if known) _____
Debtor 2	Laketra	M	Franklin	
	First Name	Middle Name	Last Name	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

1.	Planet Home Lending <hr/> Name Bankruptcy Notices <hr/> 321 Research Pkwy Ste 303 <hr/> Number Street Meriden, CT 06450-8342 <hr/> City State ZIP Code	On which line in Part 1 did you enter the creditor? 2.1 Last 4 digits of account number _ _ _ _
2.	Planet Home Lending <hr/> Name 115 Laurel Park Cv Ste 207 <hr/> Number Street <hr/> Flowood, MS 39232-8054 <hr/> City State ZIP Code	On which line in Part 1 did you enter the creditor? 2.1 Last 4 digits of account number _ _ _ _
	<hr/> Name <hr/> Number Street <hr/> <hr/> City State ZIP Code	On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number _ _ _ _
	<hr/> Name <hr/> Number Street <hr/> <hr/> City State ZIP Code	On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number _ _ _ _
	<hr/> Name <hr/> Number Street <hr/> <hr/> City State ZIP Code	On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number _ _ _ _
	<hr/> Name <hr/> Number Street <hr/> <hr/> City State ZIP Code	On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number _ _ _ _

Debtor 1	Johnny	D	Franklin	Case number (if known) _____
Debtor 2	Laketra	M	Franklin	
	First Name	Middle Name	Last Name	

Part 2: List Others to Be Notified for a Debt That You Already Listed - Additional Page

<input type="checkbox"/>	_____	On which line in Part 1 did you enter the creditor? ____
Name	_____	Last 4 digits of account number ____ _
Number	Street _____	

City	State	ZIP Code

Fill in this information to identify your case:

Debtor 1	Johnny	D	Franklin
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Laketra	M	Franklin
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Mississippi			
Case number _____ (if known)			

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

			Total claim	Priority amount	Nonpriority amount
2.1	IRS	Last 4 digits of account number _____	\$28,000.00	\$28,000.00	\$0.00
Priority Creditor's Name		When was the debt incurred?			
Centralized Insolvency Operation		2021-2022			
Po Box 7346		As of the date you file, the claim is: Check all that apply.			
Number Street		<input type="checkbox"/> Contingent			
Philadelphia, PA 19101-7346		<input type="checkbox"/> Unliquidated			
City State ZIP Code		<input type="checkbox"/> Disputed			
Who incurred the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only					
<input type="checkbox"/> Debtor 2 only					
<input type="checkbox"/> Debtor 1 and Debtor 2 only					
<input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations					
<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government					
<input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input type="checkbox"/> Other. Specify _____					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No					
<input type="checkbox"/> Yes					

Debtor 1 Johnny D Franklin Case number (if known) _____

Debtor 2 Laketra M Franklin

First Name Middle Name Last Name

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.		Total claim	Priority amount	Nonpriority amount	
2.2	MS Dept of Revenue Priority Creditor's Name Bankruptcy Department Po Box 22808 Number Street Jackson, MS 39225-2808 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	\$0.00	\$0.00	\$0.00
2.3	Priority Creditor's Name Number Street City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			

Debtor 1 Johnny D Franklin Case number (if known) _____

Debtor 2 Laketra M Franklin

First Name Middle Name Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims
3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

				Total claim
4.1	1ST DIGITAL/SYNOVUS/VT	Last 4 digits of account number	<u>4 2 5 0</u>	\$266.00
Nonpriority Creditor's Name		When was the debt incurred?		
PO BOX 85650		<u>11/28/2024</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
SIOUX FALLS, SD 57118		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.2	ABSOLUTE RESOLUTIONS I	Last 4 digits of account number	<u>7 9 2 1</u>	\$4,438.00
Nonpriority Creditor's Name		When was the debt incurred?		
8000 NORMAN CENTER DR ST		<u>1/25/2023</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
BLOOMINGTON, MN 55437		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>FactoringCompanyAccount</u>		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1	Johnny	D	Franklin	Case number (if known) _____
Debtor 2	Laketra	M	Franklin	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.3	Advance Financial	Last 4 digits of account number	_____	\$2,950.00
	Nonpriority Creditor's Name	When was the debt incurred? _____		
	100 Oceanside Dr			
	Number Street			
	Nashville, TN 37204			
	City State ZIP Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>Online Loan</u>		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

4.4	AFFIRM INC	Last 4 digits of account number	<u>7 6 X X</u>	unknown
	Nonpriority Creditor's Name	When was the debt incurred? <u>12/1/2020</u>		
	650 CALIFORNIA ST FL 12			
	Number Street			
	SAN FRANCISCO, CA 94108			
	City State ZIP Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>Unsecured</u>		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

Debtor 1 Johnny D Franklin Case number (if known) _____
 Debtor 2 Laketra M Franklin
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.5	AMERICAN EXPRESS Nonpriority Creditor's Name <u>PO BOX 297871</u> Number Street <u>FORT LAUDERDALE, FL 33329</u> City State ZIP Code	Last 4 digits of account number <u>9 8 3 3</u> When was the debt incurred? <u>9/14/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	<u>\$1,085.00</u>
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.6	AVANTE Nonpriority Creditor's Name <u>3600 SOUTH GESSNER</u> Number Street <u>HOUSTON, TX 77063</u> City State ZIP Code	Last 4 digits of account number <u>4 8 9 0</u> When was the debt incurred? <u>4/18/2024</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<u>\$129.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Johnny D Franklin Case number (if known) _____
 Debtor 2 Laketra M Franklin
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7	BANK OF AMERICA Nonpriority Creditor's Name PO BOX 982238 Number Street EL PASO, TX 79998 City State ZIP Code	Last 4 digits of account number <u>3 3 0 3</u> When was the debt incurred? <u>12/18/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	<u>\$825.00</u>
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.8	BULLCITY FINANCIAL SOL Nonpriority Creditor's Name 2609 N DUKE ST STE 500 Number Street DURHAM, NC 27704 City State ZIP Code	Last 4 digits of account number <u>4 2 3 5</u> When was the debt incurred? <u>10/23/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CollectionAttorney</u>	<u>\$196.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Johnny D Franklin Case number (if known) _____

Debtor 2 Laketra M Franklin

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.9	CAPITAL ONE BANK USA Nonpriority Creditor's Name PO BOX 31293 Number Street SALT LAKE CITY, UT 84131 City State ZIP Code	Last 4 digits of account number <u>0 1 9 9</u> When was the debt incurred? <u>5/4/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	<u>\$3,012.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.10	CB INDIGO/CCI Nonpriority Creditor's Name PO BOX 4499 Number Street BEAVERTON, OR 97076 City State ZIP Code	Last 4 digits of account number <u>2 6 8 9</u> When was the debt incurred? <u>3/8/2024</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	<u>\$300.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Johnny D Franklin Case number (if known) _____
 Debtor 2 Laketra M Franklin
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.11	CCBANK/CNG Nonpriority Creditor's Name <u>7755 MONTGOMERY RD STE 4</u> Number Street <u>CINCINNATI, OH 45236</u> City State ZIP Code	Last 4 digits of account number <u>2 5 7 0</u> When was the debt incurred? <u>11/12/2024</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Unsecured</u>	<u>\$2,191.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.12	CCBANK/TLS/AF247 Nonpriority Creditor's Name <u>3280 N UNIVERSITY AVE</u> Number Street <u>PROVO, UT 84604</u> City State ZIP Code	Last 4 digits of account number <u>4 6 5 X</u> When was the debt incurred? <u>11/4/2024</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CheckCreditOrLineOfCredit</u>	<u>\$2,756.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Johnny D Franklin Case number (if known) _____
 Debtor 2 Laketra M Franklin
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.13	CCBANK/TLS/AF247	Last 4 digits of account number	<u>5</u> <u>6</u> <u>3</u> <u>X</u>	\$274.00
Nonpriority Creditor's Name		When was the debt incurred?		
3280 N UNIVERSITY AVE		<u>11/6/2024</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
PROVO, UT 84604		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CheckCreditOrLineOfCredit</u>		
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

4.14	CREDIT COLLECTION SERV	Last 4 digits of account number	<u>4</u> <u>6</u> <u>9</u> <u>1</u>	\$69.00
Nonpriority Creditor's Name		When was the debt incurred?		
725 CANTON ST		<u>10/3/2024</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
NORWOOD, MA 02062		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CollectionAttorney</u>		
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Johnny D Franklin Case number (if known) _____

Debtor 2 Laketra M Franklin

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.15	CREDIT ONE BANK NA Nonpriority Creditor's Name <u>PO BOX 98875</u> Number Street <u>LAS VEGAS, NV 89193</u> City State ZIP Code	Last 4 digits of account number <u>6 5 5 0</u> When was the debt incurred? <u>8/1/2019</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	<u>\$702.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.16	CREDIT ONE, LLC Nonpriority Creditor's Name <u>PO BOX 625</u> Number Street <u>METAIRIE, LA 70004</u> City State ZIP Code	Last 4 digits of account number <u>5 5 0 1</u> When was the debt incurred? <u>9/8/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>FactoringCompanyAccount</u>	<u>\$5,471.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Johnny D Franklin Case number (if known) _____

Debtor 2 Laketra M Franklin

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.17	DEPT OF EDUCATION/NELN Nonpriority Creditor's Name <u>121 S 13TH ST</u> Number Street <u>LINCOLN, NE 68508</u> City State ZIP Code	Last 4 digits of account number <u>4 6 7 9</u> When was the debt incurred? <u>2/26/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$199,890.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____			
4.18	DISCOVER BANK Nonpriority Creditor's Name <u>PO BOX 30939</u> Number Street <u>SALT LAKE CITY, UT 84130</u> City State ZIP Code	Last 4 digits of account number <u>8 2 8 5</u> When was the debt incurred? <u>10/12/2014</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$11,803.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>			

Debtor 1 Johnny D Franklin Case number (if known) _____
 Debtor 2 Laketra M Franklin
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.19	FEB DESTINY/CCI Nonpriority Creditor's Name <u>14600 NW GREENBRIER PKWY</u> Number Street <u>BEAVERTON, OR 97006</u> City State ZIP Code	Last 4 digits of account number <u>9 8 3 3</u> When was the debt incurred? <u>3/20/2024</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$329.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.20	FIRST PREMIER BANK Nonpriority Creditor's Name <u>601 S MINNESOTA AVE</u> Number Street <u>SIOUX FALLS, SD 57104</u> City State ZIP Code	Last 4 digits of account number <u>8 1 7 8</u> When was the debt incurred? <u>5/24/2024</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$708.00</u>
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Johnny D Franklin Case number (if known) _____
 Debtor 2 Laketra M Franklin
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.21	HUNTER WARFIELD Nonpriority Creditor's Name 4620 WOODLAND CORPORATE Number Street TAMPA, FL 33614 City State ZIP Code	Last 4 digits of account number <u>0 3 0 5</u> When was the debt incurred? <u>9/6/2024</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CollectionAttorney</u>	\$3,167.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.22	JEFFERSON CAPITAL SYST Nonpriority Creditor's Name 16 MCLELAND RD Number Street SAINT CLOUD, MN 56303 City State ZIP Code	Last 4 digits of account number <u>4 2 8 6</u> When was the debt incurred? <u>1/26/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>FactoringCompanyAccount</u>	\$10,977.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Johnny D Franklin Case number (if known) _____
 Debtor 2 Laketra M Franklin
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.23	JEFFERSON CAPITAL SYST Nonpriority Creditor's Name <u>16 MCLELAND RD</u> Number Street <u>SAINT CLOUD, MN 56303</u> City State ZIP Code	Last 4 digits of account number <u>1 2 0 3</u> When was the debt incurred? <u>12/7/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1,898.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>FactoringCompanyAccount</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.24	Lending Club Nonpriority Creditor's Name <u>71 Stevenson St Ste 300</u> Number Street <u>San Francisco, CA 94105-2985</u> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$21,000.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Online Loan</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Johnny D Franklin Case number (if known) _____

Debtor 2 Laketra M Franklin

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.25	Mariner Finance Nonpriority Creditor's Name <u>1490 W Government St Ste 1</u> Number Street <u>Brandon, MS 39042-3024</u> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Signature Loan - no collateral</u>	<u>\$5,471.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.26	MERRICK BANK CORP Nonpriority Creditor's Name <u>PO BOX 9201</u> Number Street <u>OLD BETHPAGE, NY 11804</u> City State ZIP Code	Last 4 digits of account number <u>9 5 5 5</u> When was the debt incurred? <u>6/10/2024</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	<u>\$708.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Johnny D Franklin Case number (if known) _____
 Debtor 2 Laketra M Franklin
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.27	MIDLAND CREDIT MANAGEM Nonpriority Creditor's Name <u>320 E BIG BEAVER RD STE</u> Number Street <u>TROY, MI 48083</u> City State ZIP Code	Last 4 digits of account number <u>1 6 9 3</u> When was the debt incurred? <u>11/28/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>FactoringCompanyAccount</u>	<u>\$716.00</u>
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.28	MIDLAND CREDIT MANAGEM Nonpriority Creditor's Name <u>320 E BIG BEAVER RD STE</u> Number Street <u>TROY, MI 48083</u> City State ZIP Code	Last 4 digits of account number <u>0 1 1 5</u> When was the debt incurred? <u>12/20/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>FactoringCompanyAccount</u>	<u>\$693.00</u>
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Johnny D Franklin Case number (if known) _____

Debtor 2 Laketra M Franklin

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.29	Net Credit Online Loans Nonpriority Creditor's Name <u>175 W Jackson Blvd #1000</u> Number Street <u>Chicago, IL 60604</u> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Online Loan</u>	\$2,000.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.30	PNC BANK, N.A. Nonpriority Creditor's Name <u>1 FINANCIAL PKWY</u> Number Street <u>KALAMAZOO, MI 49009</u> City State ZIP Code	Last 4 digits of account number <u>4</u> <u>5</u> <u>5</u> <u>3</u> When was the debt incurred? <u>8/21/2019</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	\$3,907.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Johnny D Franklin Case number (if known) _____
 Debtor 2 Laketra M Franklin
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.31	PORTFOLIO RECOV ASSOC Nonpriority Creditor's Name <u>120 CORPORATE DRIVE</u> Number Street <u>NORFOLK, VA 23513</u> City State ZIP Code	Last 4 digits of account number <u>7 1 3 8</u> When was the debt incurred? <u>12/9/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>FactoringCompanyAccount</u>	<u>\$2,784.00</u>
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.32	PORTFOLIO RECOV ASSOC Nonpriority Creditor's Name <u>120 CORPORATE DRIVE</u> Number Street <u>NORFOLK, VA 23513</u> City State ZIP Code	Last 4 digits of account number <u>7 5 8 4</u> When was the debt incurred? <u>12/21/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>FactoringCompanyAccount</u>	<u>\$1,875.00</u>
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Johnny D Franklin Case number (if known) _____
 Debtor 2 Laketra M Franklin
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.		Total claim
4.33	Simple Fast Loans Nonpriority Creditor's Name <u>8601 Dunwoody Pl Ste 406</u> Number Street <u>Atlanta, GA 30350-2550</u> City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$1,820.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Online Loan</u>
4.34	SPRING OAKS CAPITAL, Nonpriority Creditor's Name <u>P.O. BOX 1216</u> Number Street <u>CHESAPEAKE, VA 23327</u> City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3 2 8 2</u> \$34,697.00 When was the debt incurred? <u>9/22/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>FactoringCompanyAccount</u>

Debtor 1 Johnny D Franklin Case number (if known) _____

Debtor 2 Laketra M Franklin

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.35 SYNCB/SYNCHRONY NETW Last 4 digits of account number 5 3 7 6 **\$1,903.00**

Nonpriority Creditor's Name

PO BOX 965036

 When was the debt incurred? 3/14/2021

Number Street

ORLANDO, FL 32896

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify ChargeAccount

Is the claim subject to offset?

- ☒ No
☐ Yes

4.36 SYWMC/CBNA Last 4 digits of account number 5 9 0 2 **\$2,993.00**

Nonpriority Creditor's Name

PO BOX 6217

 When was the debt incurred? 9/6/2011

Number Street

SIOUX FALLS, SD 57117

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify CreditCard

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1 Johnny D Franklin Case number (if known) _____

Debtor 2 Laketra M Franklin

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.37	THE BANK OF MISSOURI	Last 4 digits of account number	<u>0</u> <u>5</u> <u>2</u> <u>4</u>	\$624.00
Nonpriority Creditor's Name		When was the debt incurred?		
4550 NEW LINDEN HILL RD		<u>5/23/2024</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
WILMINGTON, DE 19808		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

4.38	TOTAL VISA/TBOM/VT	Last 4 digits of account number	<u>7</u> <u>4</u> <u>7</u> <u>6</u>	\$210.00
Nonpriority Creditor's Name		When was the debt incurred?		
10182 TELESIS CT STE 300		<u>6/25/2024</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
SAN DIEGO, CA 92121		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Johnny D Franklin Case number (if known) _____
 Debtor 2 Laketra M Franklin
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.39	UPGRADE INC Nonpriority Creditor's Name <u>275 BATTERY ST FL 23</u> Number Street <u>SAN FRANCISCO, CA 94111</u> City State ZIP Code	Last 4 digits of account number <u>9 9 6 4</u> When was the debt incurred? <u>9/15/2020</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>LineOfCredit</u>	\$6,393.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.40	UPGRADE INC Nonpriority Creditor's Name <u>275 BATTERY ST FL 23</u> Number Street <u>SAN FRANCISCO, CA 94111</u> City State ZIP Code	Last 4 digits of account number <u>5 6 1 7</u> When was the debt incurred? <u>9/14/2020</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Unsecured</u>	\$1,906.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Johnny D Franklin Case number (if known) _____

Debtor 2 Laketra M Franklin

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.41	WELLS FARGO CARD SER Nonpriority Creditor's Name <u>PO BOX 393</u> Number Street <u>MINNEAPOLIS, MN 55480</u> City State ZIP Code	Last 4 digits of account number <u>0 2 6 8</u> When was the debt incurred? <u>8/31/2012</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	<u>\$5,651.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.42	WELLS FARGO CARD SER Nonpriority Creditor's Name <u>PO BOX 393</u> Number Street <u>MINNEAPOLIS, MN 55480</u> City State ZIP Code	Last 4 digits of account number <u>9 4 3 1</u> When was the debt incurred? <u>8/31/2012</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	<u>\$2,931.00</u>
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Johnny D Franklin Case number (if known) _____

Debtor 2 Laketra M Franklin

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.43	WELLS FARGO CARD SER	Last 4 digits of account number	8 6 0 0	\$2,542.00
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Nonpriority Creditor's Name

PO BOX 393

 When was the debt incurred? 11/2/2019

Number Street

MINNEAPOLIS, MN 55480

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☒ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify CreditCard

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Debtor 1	<u>Johnny</u>	<u>D</u>	<u>Franklin</u>	Case number (if known) _____
Debtor 2	<u>Laketra</u>	<u>M</u>	<u>Franklin</u>	
	First Name	Middle Name	Last Name	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

1. Midland Credit Management On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____ Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Bankruptcy Notices ☒ Part 2: Creditors with Nonpriority Unsecured Claims

320 E Big Beaver Rd

Number Street

Troy, MI 48083-1238

City State ZIP Code

Last 4 digits of account number _____

2. Midland Credit Management On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____ Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Legal Notices ☒ Part 2: Creditors with Nonpriority Unsecured Claims

350 Camino De La Reina Ste 100

Number Street

San Diego, CA 92108-3007

City State ZIP Code

Last 4 digits of account number _____

3. Portfolio Recovery Assoc On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____ Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Bankruptcy Dept ☒ Part 2: Creditors with Nonpriority Unsecured Claims

Po Box 41067

Number Street

Norfolk, VA 23541-1067

City State ZIP Code

Last 4 digits of account number _____

4. Hunter Warfield Inc On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____ Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

4620 Woodland Corp Blvd ☒ Part 2: Creditors with Nonpriority Unsecured Claims

Number Street

Tampa, FL 33614

City State ZIP Code

Last 4 digits of account number _____

5. Amelia Station LLC On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____ Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Bankruptcy Notices ☒ Part 2: Creditors with Nonpriority Unsecured Claims

1001 Amelia Station Way

Number Street

Clayton, NC 27520-6442

City State ZIP Code

Last 4 digits of account number _____

6. Jefferson Capital Systems On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____ Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Po Box 7999 ☒ Part 2: Creditors with Nonpriority Unsecured Claims

Number Street

Saint Cloud, MN 56302-7999

City State ZIP Code

Last 4 digits of account number _____

Debtor 1 Johnny D Franklin Case number (if known) _____
 Debtor 2 Laketra M Franklin
 First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page

7.	Jared Credit Name Bankruptcy Dept Po Box 4477 Number Street Beaverton, OR 97076-4401 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.12</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
8.	Radius Global Solutions Name Po Box 390846 Number Street Minneapolis, MN 55439-0846 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.24</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
9.	Credit One LLC Name Legal Notices Po Box 605 Number Street Metairie, LA 70004-0605 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.25</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
10.	Lending Club Name 71 Stevenson St Ste 300 Number Street San Francisco, CA 94105-2985 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.34</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____

Debtor 1	Johnny	D	Franklin	Case number (if known) _____
Debtor 2	Laketra	M	Franklin	
	First Name	Middle Name	Last Name	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim	
Total claims from Part 1	6a. Domestic support obligations	6a.	<u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b.	<u>\$28,000.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c.	<u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. +	<u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6e.	<div style="border: 1px solid black; padding: 2px;"><u>\$28,000.00</u></div>
		Total claim	
Total claims from Part 2	6f. Student loans	6f.	<u>\$199,890.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	<u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	<u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. +	<u>\$154,370.00</u>
	6j. Total. Add lines 6f through 6i.	6j.	<div style="border: 1px solid black; padding: 2px;"><u>\$354,260.00</u></div>

Fill in this information to identify your case:

Debtor 1	Johnny	D	Franklin
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Laketra	M	Franklin
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Mississippi			
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	_____ Name _____ Number Street _____ City State ZIP Code	
2.2	_____ Name _____ Number Street _____ City State ZIP Code	
2.3	_____ Name _____ Number Street _____ City State ZIP Code	
2.4	_____ Name _____ Number Street _____ City State ZIP Code	

Fill in this information to identify your case:

Debtor 1	Johnny	D	Franklin
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Laketra	M	Franklin
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Mississippi			
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No
☐ Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? _____. Fill in the name and current address of that person.

 Name of your spouse, former spouse, or legal equivalent

 Number Street

 City State ZIP Code

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

 Name

☐ Schedule D, line _____

 Number Street

☐ Schedule E/F, line _____

 City State ZIP Code

☐ Schedule G, line _____

3.2

 Name

☐ Schedule D, line _____

 Number Street

☐ Schedule E/F, line _____

 City State ZIP Code

☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	<u>Johnny</u>	<u>D</u>	<u>Franklin</u>
	First Name	Middle Name	Last Name
Debtor 2	<u>Laketra</u>	<u>M</u>	<u>Franklin</u>
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern</u>	District of	<u>Mississippi</u>
Case number	<u></u>		
(if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☒ Employed
☐ Not employed

Occupation

Supervisor

Employer's name

UPS

Employer's address

Number Street

City State ZIP Code

Debtor 2 or non-filing spouse

- ☒ Employed
☐ Not employed

SecretaryLawrence County Schools

Number Street

City State ZIP Code

How long employed there? 20 yearsSince July 2024

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or non-filing spouse

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$7,494.00 \$1,866.27

3. **Estimate and list monthly overtime pay.**

3. + \$0.00 + \$0.00

4. **Calculate gross income.** Add line 2 + line 3.

4. \$7,494.00 \$1,866.27

Debtor 1	Johnny	D	Franklin	Case number (if known) _____
Debtor 2	Laketra	M	Franklin	
	First Name	Middle Name	Last Name	

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.		<u>\$7,494.00</u>	<u>\$1,866.27</u>
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a.	<u>\$1,493.19</u>	<u>\$137.11</u>
5b. Mandatory contributions for retirement plans	5b.	<u>\$0.00</u>	<u>\$167.97</u>
5c. Voluntary contributions for retirement plans	5c.	<u>\$224.82</u>	<u>\$0.00</u>
5d. Required repayments of retirement fund loans	5d.	<u>\$46.15</u>	<u>\$0.00</u>
5e. Insurance	5e.	<u>\$290.68</u>	<u>\$146.84</u>
5f. Domestic support obligations	5f.	<u>\$0.00</u>	<u>\$0.00</u>
5g. Union dues	5g.	<u>\$0.00</u>	<u>\$0.00</u>
5h. Other deductions. Specify: <u>Charitable contributions</u>	5h. +	<u>\$16.66</u>	<u>\$0.00</u>
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	<u>\$2,071.50</u>	<u>\$451.91</u>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	<u>\$5,422.50</u>	<u>\$1,414.36</u>
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	<u>\$0.00</u>	<u>\$125.00</u>
8b. Interest and dividends	8b.	<u>\$0.00</u>	<u>\$0.00</u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	<u>\$0.00</u>	<u>\$0.00</u>
8d. Unemployment compensation	8d.	<u>\$0.00</u>	<u>\$0.00</u>
8e. Social Security	8e.	<u>\$0.00</u>	<u>\$0.00</u>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f.	<u>\$0.00</u>	<u>\$0.00</u>
8g. Pension or retirement income	8g.	<u>\$0.00</u>	<u>\$0.00</u>
8h. Other monthly income. Specify: <u>2nd job - Security (Net)</u>	8h. +	<u>\$703.74</u>	<u>\$0.00</u>
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	<u>\$703.74</u>	<u>\$125.00</u>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	<u>\$6,126.24</u>	<u>\$1,539.36</u>
		<u>+</u>	<u>\$7,665.60</u>

Debtor 1	<u>Johnny</u>	<u>D</u>	<u>Franklin</u>	Case number (if known) _____
Debtor 2	<u>Laketra</u>	<u>M</u>	<u>Franklin</u>	
	First Name	Middle Name	Last Name	

11. State all other regular contributions to the expenses that you list in *Schedule J*.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in *Schedule J*.

Specify: _____ 11. + \$0.00

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the *Summary of Your Assets and Liabilities and Certain Statistical Information*, if it applies

12. \$7,665.60

**Combined
monthly income**

13. Do you expect an increase or decrease within the year after you file this form?

☒ No.

☐ Yes. Explain:

Debtor 1	Johnny	D	Franklin	Case number (if known) _____
Debtor 2	Laketra	M	Franklin	
	First Name	Middle Name	Last Name	

8a. Attached Statement

D2: 1099 income as Referee

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

1. Gross Monthly Income:	\$245.17
--------------------------	-----------------

PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

2. Ordinary and necessary expense	\$0.00
3. Net Employee Payroll (Other than debtor)	\$0.00
4. Payroll Taxes	\$0.00
5. Unemployment Taxes	\$0.00
6. Worker's Compensation	\$0.00
7. Other Taxes	\$0.00
8. Inventory Purchases (Including raw materials)	\$0.00
9. Purchase of Feed/Fertilizer/Seed/Spray	\$0.00
10. Rent (Other than debtor's principal residence)	\$0.00
11. Utilities	\$0.00
12. Office Expenses and Supplies	\$0.00
13. Repairs and Maintenance	\$0.00
14. Vehicle Expenses	\$0.00
15. Travel and Entertainment	\$0.00
16. Equipment Rental and Leases	\$0.00
17. Legal/Accounting/Other Professional Fees	\$0.00
18. Insurance	\$0.00
19. Employee Benefits (e.g., pension, medical, etc.)	\$0.00
20. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts	\$0.00
TOTAL PAYMENTS TO SECURED CREDITORS	\$0.00
21. Other Expenses	
Uniform Expense	\$120.17
TOTAL OTHER EXPENSES	\$120.17
22. TOTAL MONTHLY EXPENSES (Add item 2 - 21)	\$120.17
PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:	
23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 1)	\$125.00

Fill in this information to identify your case:

Debtor 1	<u>Johnny</u>	<u>D</u>	<u>Franklin</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Laketra</u>	<u>M</u>	<u>Franklin</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Mississippi</u>		
Case number (if known)	<u></u>		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.☒ Yes. Does Debtor 2 live in a separate household?☒ No☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Child14☐ No. ☒ Yes.Child12☐ No. ☒ Yes.☐ No. ☐ Yes.☐ No. ☐ Yes.☐ No. ☐ Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$1,650.00

If not included in line 4:

4a. Real estate taxes

4a. \$0.00

4b. Property, homeowner's, or renter's insurance

4b. \$0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$0.00

4d. Homeowner's association or condominium dues

4d. \$0.00

Debtor 1
Debtor 2**Johnny
Laketra****D
M****Franklin
Franklin**

First Name

Middle Name

Last Name

Case number (if known) _____

		Your expenses
5.	Additional mortgage payments for your residence , such as home equity loans	5. <u>\$0.00</u>
6.	Utilities:	
6a.	Electricity, heat, natural gas	6a. <u>\$550.00</u>
6b.	Water, sewer, garbage collection	6b. <u>\$80.00</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. <u>\$514.00</u>
6d.	Other. Specify: _____	6d. <u>\$0.00</u>
7.	Food and housekeeping supplies	7. <u>\$1,015.00</u>
8.	Childcare and children's education costs	8. <u>\$380.00</u>
9.	Clothing, laundry, and dry cleaning	9. <u>\$100.00</u>
10.	Personal care products and services	10. <u>\$0.00</u>
11.	Medical and dental expenses	11. <u>\$216.00</u>
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. <u>\$695.50</u>
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. <u>\$0.00</u>
14.	Charitable contributions and religious donations	14. <u>\$530.00</u>
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. <u>\$40.00</u>
15b.	Health insurance	15b. <u>\$0.00</u>
15c.	Vehicle insurance	15c. <u>\$300.00</u>
15d.	Other insurance. Specify: _____	15d. <u>\$0.00</u>
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. <u>\$0.00</u>
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1 <u>2014 Chevrolet Malibu</u>	17a. <u>\$292.00</u>
17b.	Car payments for Vehicle 2 <u>2021 Chevrolet Suburban</u>	17b. <u>\$1,297.00</u>
17c.	Other. Specify: _____	17c. <u>\$0.00</u>
17d.	Other. Specify: _____	17d. <u>\$0.00</u>
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18. <u>\$0.00</u>
19.	Other payments you make to support others who do not live with you. Specify: _____	19. <u>\$0.00</u>
20.	Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i>.	
20a.	Mortgages on other property	20a. <u>\$0.00</u>
20b.	Real estate taxes	20b. <u>\$0.00</u>
20c.	Property, homeowner's, or renter's insurance	20c. <u>\$0.00</u>
20d.	Maintenance, repair, and upkeep expenses	20d. <u>\$0.00</u>
20e.	Homeowner's association or condominium dues	20e. <u>\$0.00</u>

Debtor 1
Debtor 2**Johnny
Laketra**

First Name

**D
M**

Middle Name

**Franklin
Franklin**

Last Name

Case number (if known) _____

21. **Other.** Specify: _____21. + \$0.0022. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$7,659.50

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$7,659.5023. **Calculate your monthly net income.**23a. Copy line 12 (your combined monthly income) from *Schedule I*.23a. \$7,665.60

23b. Copy your monthly expenses from line 22c above.

23b. - \$7,659.50

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.23c. \$6.1024. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

Fill in this information to identify your case:

Debtor 1	<u>Johnny</u>	<u>D</u>	<u>Franklin</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Laketra</u>	<u>M</u>	<u>Franklin</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Mississippi</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets

Value of what you own

1. **Schedule A/B: Property** (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	<u>\$190,000.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	<u>\$148,425.00</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	<u>\$338,425.00</u>

Part 2: Summarize Your Liabilities

Your liabilities

Amount you owe

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	<u>\$245,264.00</u>
-----------------------------------------------------------------------------------------------------------------------------------------	---------------------

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	<u>\$28,000.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	<u>+</u> <u>\$354,260.00</u>

Your total liabilities

\$627,524.00

Part 3: Summarize Your Income and Expenses

4. **Schedule I: Your Income** (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i>	<u>\$7,665.60</u>
---------------------------------------------------------------------------	-------------------

5. **Schedule J: Your Expenses** (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i>	<u>\$7,659.50</u>
---------------------------------------------------------------------	-------------------

Debtor 1
Debtor 2**Johnny
Laketra**

First Name

**D
M**

Middle Name

**Franklin
Franklin**

Last Name

Case number (if known) _____

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.**\$10,189.00****9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:****Total claim****From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.)	<u>\$0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<u>\$28,000.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.)	<u>\$199,890.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ <u>\$0.00</u>
9g. Total. Add lines 9a through 9f.	<u>\$227,890.00</u>

Fill in this information to identify your case:

Debtor 1	Johnny	D	Franklin
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Laketra	M	Franklin
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Southern District of Mississippi		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Johnny D Franklin
Johnny D Franklin, Debtor 1

X /s/ Laketra M Franklin
Laketra M Franklin, Debtor 2

Date 03/28/2025
MM/ DD/ YYYY

Date 03/28/2025
MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	<u>Johnny</u>	<u>D</u>	<u>Franklin</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Laketra</u>	<u>M</u>	<u>Franklin</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Mississippi</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
- ☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
- ☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
<u>1008 amelia Station way 104</u> Number Street <u>Clayton, NC 27520</u> City State ZIP Code	From <u>2021</u> To <u>June 2024</u>	<input checked="" type="checkbox"/> Same as Debtor 1 <u></u> Number Street <u></u> City State ZIP Code	<input checked="" type="checkbox"/> Same as Debtor 1 From <u></u> To <u></u>
<u></u> Number Street <u></u> City State ZIP Code	From <u></u> To <u></u>	<input type="checkbox"/> Same as Debtor 1 <u></u> Number Street <u></u> City State ZIP Code	<input type="checkbox"/> Same as Debtor 1 From <u></u> To <u></u>

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
- ☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1 **Johnny** **D** **Franklin**
 Debtor 2 **Laketra** **M** **Franklin**

First Name Middle Name Last Name

Case number (if known) _____

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No

☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Sources of income Check all that apply.
	Gross Income (before deductions and exclusions)	Gross Income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	<u>\$19,357.00</u>	
For last calendar year: (January 1 to December 31, <u>2024</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	<u>Est \$124,156.65</u>	
For the calendar year before that: (January 1 to December 31, <u>2023</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	<u>\$158,728.00</u>	

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

☒ No

☐ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Describe below.	Sources of income Describe below.
	Gross income from each source (before deductions and exclusions)	Gross Income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	_____	_____
	_____	_____
For last calendar year: (January 1 to December 31, <u>2024</u>) YYYY	_____	_____
	_____	_____
For the calendar year before that: (January 1 to December 31, <u>2023</u>) YYYY	_____	_____
	_____	_____

Debtor 1	Johnny	D	Franklin
Debtor 2	Laketra	M	Franklin
	First Name	Middle Name	Last Name

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

- ☐ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name				<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
City State ZIP Code				<input type="checkbox"/> Other _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No

- ☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name				
Number Street				
City State ZIP Code				

Debtor 1 **Johnny** **D** **Franklin**
 Debtor 2 **Laketra** **M** **Franklin**

First Name Middle Name Last Name

Case number (if known) _____

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?
 Include payments on debts guaranteed or cosigned by an insider.



No

☐ Yes. List all payments that benefited an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____			

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.



No

☒ Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title Franklin v Allstate Case number 24-50 / 24-0076	Debtors case against Allstate insurance; Stubbs Law Firm	Circuit Court fo Lawrence County MS <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded Number _____ Street _____ City _____ State _____ ZIP Code _____
Case title Wells Fargo v Debtors Case number _____	Writ of Garnishment issued	Unknown Court <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded Number _____ Street _____ City _____ State _____ ZIP Code _____

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.



No. Go to line 11.

☒ Yes. Fill in the information below.

Debtor 1	Johnny	D	Franklin	Case number (if known) _____
Debtor 2	Laketra	M	Franklin	
	First Name	Middle Name	Last Name	

Wells Fargo Bank _____ Creditor's Name Po Box 1629 Mac#n9286-01y _____ Number Street _____ Minneapolis, MN 55440-1629 _____ City State ZIP Code	<table border="1"> <thead> <tr> <th>Describe the property</th> <th>Date</th> <th>Value of the property</th> </tr> </thead> <tbody> <tr> <td></td> <td>May/June 2024</td> <td>\$2,500.00</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Explain what happened</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input checked="" type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied. </td> </tr> </tbody> </table>	Describe the property	Date	Value of the property		May/June 2024	\$2,500.00	Explain what happened	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input checked="" type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.
Describe the property	Date	Value of the property							
	May/June 2024	\$2,500.00							
Explain what happened									
<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input checked="" type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.									

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?



No



Yes. Fill in the details.

_____ Creditor's Name _____ Number Street _____ City State ZIP Code	<table border="1"> <thead> <tr> <th>Describe the action the creditor took</th> <th>Date action was taken</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Describe the action the creditor took	Date action was taken	Amount			
Describe the action the creditor took	Date action was taken	Amount					

Last 4 digits of account number: XXXX- _ _ _ _

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?



No



Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?



No



Yes. Fill in the details for each gift.

Debtor 1 **Johnny** **D** **Franklin**
 Debtor 2 **Laketra** **M** **Franklin**

First Name Middle Name Last Name

Case number (if known) _____

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift _____ Number Street City State ZIP Code Person's relationship to you _____			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☐ No

☒ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Bethany Baptist Church Charity's Name _____ Number Street City State ZIP Code	tithes/offerings	monthly	\$530.00

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☐ No

☒ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost
Roof damage	No insurance coverage - see lawsuit on SOFA & Asset schedules	2024	

Debtor 1 **Johnny** **D** **Franklin**
 Debtor 2 **Laketra** **M** **Franklin**

First Name Middle Name Last Name

Case number (if known) _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No

☒ Yes. Fill in the details.

Coxwell Attorneys

Person Who Was Paid

1675 Lakeland Dr Ste 102

Number Street

Jackson, MS 39216-4850

City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Attorney's Fee	3/20/2025	\$2,000.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No

☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid		
Number Street		
City State ZIP Code		

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

☒ No

☐ Yes. Fill in the details.

Debtor 1	Johnny	D	Franklin	Case number (if known) _____
Debtor 2	Laketra	M	Franklin	
	First Name	Middle Name	Last Name	

Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you _____	<table border="1"> <thead> <tr> <th>Description and value of property transferred</th> <th>Describe any property or payments received or debts paid in exchange</th> <th>Date transfer was made</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="height: 100px;"></td> </tr> </tbody> </table>	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made			
Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made					

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?
 (These are often called *asset-protection devices*.)



No

☐ Yes. Fill in the details.

Name of trust _____ _____	<table border="1"> <thead> <tr> <th>Description and value of the property transferred</th> <th>Date transfer was made</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="height: 50px;"></td> </tr> </tbody> </table>	Description and value of the property transferred	Date transfer was made		
Description and value of the property transferred	Date transfer was made				

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.



No

☒ Yes. Fill in the details.

Wells Fargo Bank Name of Financial Institution Po Box 1629 Mac#n9286-01y Number Street Minneapolis, MN 55440-1629 City State ZIP Code	Last 4 digits of account number XXXX- ____ ____ ____ ____	Type of account or instrument <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	Date account was closed, sold, moved, or transferred _____	Last balance before closing or transfer _____
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------	------------------------------------------------------

Debtor 1 **Johnny** **D** **Franklin**
 Debtor 2 **Laketra** **M** **Franklin**

First Name Middle Name Last Name

Case number (if known) _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?



No



Yes. Fill in the details.

Who else had access to it?		Describe the contents	Do you still have it?
Name of Financial Institution _____ Name _____ Number _____ Street _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____ City _____ State _____ ZIP Code _____			<input type="checkbox"/> No <input type="checkbox"/> Yes

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?



No



Yes. Fill in the details.

Who else has or had access to it?		Describe the contents	Do you still have it?
Name of Storage Facility _____ Name _____ Number _____ Street _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____ City _____ State _____ ZIP Code _____			<input type="checkbox"/> No <input type="checkbox"/> Yes

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.



No



Yes. Fill in the details.

Debtor 1	Johnny	D	Franklin	Case number (if known) _____
Debtor 2	Laketra	M	Franklin	
	First Name	Middle Name	Last Name	

	Where is the property?	Describe the property	Value
Daughter, Debtor's		on daughter's wells fargo bank	
Owner's Name	Number Street		
Number Street			
	City State ZIP Code		
City State ZIP Code			

Part 10: Give Details About Environmental Information**For the purpose of Part 10, the following definitions apply:**

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?



No



Yes. Fill in the details.

	Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
	City State ZIP Code		
City State ZIP Code			

25. Have you notified any governmental unit of any release of hazardous material?



No



Yes. Fill in the details.

Debtor 1	Johnny	D	Franklin	Case number (if known) _____
Debtor 2	Laketra	M	Franklin	
	First Name	Middle Name	Last Name	

		Governmental unit	Environmental law, if you know it	Date of notice	
Name of site _____		Governmental unit _____		_____	
Number _____	Street _____	Number _____			Street _____
City _____		State _____			ZIP Code _____
City _____	State _____	ZIP Code _____			

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.



No

☐ Yes. Fill in the details.

		Court or agency	Nature of the case	Status of the case
Case title _____		Court Name _____		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Number _____				
Case number _____	City _____	State _____	ZIP Code _____	

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time

☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)

☐ A partner in a partnership

☐ An officer, director, or managing executive of a corporation

☐ An owner of at least 5% of the voting or equity securities of a corporation

☐ No. None of the above applies. Go to Part 12.

☒ Yes. Check all that apply above and fill in the details below for each business.

HNH Investments LLC dba JK

Apparels
Name

Number _____

City _____

Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Drop shipping; No income; open but not active	EIN: _____
Name of accountant or bookkeeper	Dates business existed
	From <u>2023</u> To <u>inactive</u>

Debtor 1	Johnny	D	Franklin	
Debtor 2	Laketra	M	Franklin	
	First Name	Middle Name	Last Name	Case number (if known) _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.



No

☐ Yes. Fill in the details below.

Date issued

Name

MM / DD / YYYY

Number Street

City State ZIP Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X

/s/ Johnny D Franklin

Signature of Johnny D Franklin, Debtor 1

X

/s/ Laketra M Franklin

Signature of Laketra M Franklin, Debtor 2

Date **03/28/2025**

Date **03/28/2025**

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?



No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?



No

☐ Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Johnny	D	Franklin
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Laketra	M	Franklin
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Southern District of Mississippi		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: PNC BANK	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No
Description of property securing debt: 2021 Chevrolet Suburban	<input type="checkbox"/> Retain the property and redeem it.	<input checked="" type="checkbox"/> Yes
	<input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input type="checkbox"/> Retain the property and [explain]:	
Creditor's name: ONEMAIN	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No
Description of property securing debt: 2014 Chevrolet Malibu HHGS -collateral	<input type="checkbox"/> Retain the property and redeem it.	<input checked="" type="checkbox"/> Yes
	<input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input type="checkbox"/> Retain the property and [explain]:	

Debtor 1
Debtor 2**Johnny
Laketra**

First Name

**D
M**

Middle Name

**Franklin
Franklin**

Last Name

Case number (if known) _____

Additional Page for Part 1Creditor's
name:**REGIONAL FINANCE**Description of
property
securing debt:**HHGS -collateral**☒ Surrender the property.☐ Retain the property and redeem it.☐ Retain the property and enter into a
Reaffirmation Agreement.☐ Retain the property and [explain]:☒ No☐ YesCreditor's
name:**AMERISAVE MTG CORP/DOV**Description of
property
securing debt:**Homestead
935 Jefferson St S Monticello, MS
39654-9401**☐ Surrender the property.☐ Retain the property and redeem it.☒ Retain the property and enter into a
Reaffirmation Agreement.☐ Retain the property and [explain]:☐ No☒ Yes

Debtor 1
Debtor 2**Johnny
Laketra**

First Name

**D
M**

Middle Name

**Franklin
Franklin**

Last Name

Case number (if known) _____

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases**Will the lease be assumed?**

Lessor's name:

☐ NoDescription of leased
property:☐ Yes

Lessor's name:

☐ NoDescription of leased
property:☐ Yes

Lessor's name:

☐ NoDescription of leased
property:☐ Yes

Lessor's name:

☐ NoDescription of leased
property:☐ Yes

Lessor's name:

☐ NoDescription of leased
property:☐ Yes

Lessor's name:

☐ NoDescription of leased
property:☐ Yes

Lessor's name:

☐ NoDescription of leased
property:☐ Yes**Part 3:** Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X**/s/ Johnny D Franklin**

Signature of Debtor 1

X**/s/ Laketra M Franklin**

Signature of Debtor 2

Date **03/28/2025**

MM/ DD/ YYYY

Date **03/28/2025**

MM/ DD/ YYYY

B2030 (Form 2030) (12/15)

United States Bankruptcy Court

Southern District of Mississippi

In re Franklin, Johnny D

Franklin, Laketra M

Case No. _____

DebtorChapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept **\$2,000.00**

Prior to the filing of this statement I have received **\$2,000.00**

Balance Due **\$0.00**

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Adversary proceedings, objections to discharge, audits, 2004 exams, avoiding judicial liens, conversion to another chapter, relief from stay actions, tax discharge matters, student loans, stay violations, consumer litigation, and other matters listed in the Bankruptcy Service Agreement. Copy and postage charges: Debtor agrees that Attorney may charge without notice or documentation, a copy, postage, and handling expense of \$1.00 for each item noticed to creditors subject to court approval.

B2030 (Form 2030) (12/15)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

03/28/2025*Date*/s/ Rachel A Coxwell*Rachel A Coxwell**Signature of Attorney*

Bar Number: 105559

Coxwell Attorneys

1675 Lakeland Dr Ste 102

Jackson, MS 39216-4850

Phone: (601) 948-4450

Coxwell Attorneys*Name of law firm*Date: 03/28/2025/s/ Johnny D Franklin*Johnny D Franklin*/s/ Laketra M Franklin*Laketra M Franklin*